# SCREENING RECORD CHMPC

Children's Hospital Medical Practice Corporation

**Name**
**Date of Birth**
**Chart No.**

# 15 Month

Date_____ Time _____
**Actual Age**_____ Weight _____lb _____oz. Height _____in.
Temp _____ Pulse _____ Resp _____ Head Circ _____ Pain Score (0 – 5) _____
❑ Environmental Screen ❑ Lead Risk Assessment ❑ Growth chart plotted ❑ PDQ done at 12 mos.
Nutrition: ❑ Breast ❑ Whole Milk ❑ Solids ❑ Vitamins ❑ Fluoride
Adverse Reactions (drug allergies): ❑ Yes* _____ ❑ No *If yes, also list on Patient Problem Summary in front of chart.
❑ Parent section reviewed? ❑ Parent's concerns addressed
❑ Immunizations current (copy in chart) ❑ Off Schedule ❑ Parental Refusal Explain _____
Problems: _____

**Current Medications:** ❑None or list medications below.

| Name | Dose | Frequency |
|---|---|---|
| | | |
| | | |
| | | |

**Nurse's Signature**
**X**

| **Physical:** Check (☑) if normal. Circle if abnormal and describe. |
|---|
| ❑ General Appearance |
| ❑ Head/Face/Neck |
| ❑ Eyes |
| ❑ ENMT |
| ❑ Respiratory |
| ❑ Chest |
| ❑ CV |
| ❑ Abdomen |
| ❑ Genitalia |
| ❑ Skin |
| ❑ Lymph nodes |
| ❑ Extremities ❑ Hips |
| ❑ Musculoskeletal |
| ❑ Back |
| ❑ Neuro |

**Anticipatory Guidance:** ❑ Home Safety ❑ Car Safety ❑ Immunization Information
❑ Nutrition ❑ Medication Education (if applicable)

**Assessment:** _____

_____

_____

**Plan:** ❑ DTaP ❑ Flu ❑ Hgb or CBC (If necessary _____ value) ❑ Counseled
❑ Hearing Subjective: Pass_____ Fail_____ ❑ Vision Subjective: Pass_____ Fail_____
❑ Other: _____

❑ Interpretive Conference Conducted Return _____
❑ Parent/guardian instructed to keep **Current Medication List** to share with other providers and for emergencies. **INITIALS**_____
❑ Parent/guardian verbalized understanding the **Plan of Care. INITIALS** _____

| **Physician/Practitioner's Signature** **X** | **Date** / / | **Time** AM/PM : |
|---|---|---|

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# Parent Section
# 15 Month

## SECTION TO BE COMPLETED BY PARENT

**Personal/Social History**
***Does your child…***
(check appropriate box for each question)

| | Yes | No |
|---|---|---|
| 1. Say 3 – 6 words clearly? | ❑ | ❑ |
| 2. Understand simple commands or request? | ❑ | ❑ |
| 3. Indicate wants by pulling, pointing, grunting? | ❑ | ❑ |
| 4. Show fear, anger, affection, jealousy? | ❑ | ❑ |
| 5. Feed self with fingers? | ❑ | ❑ |
| 6. Drink from a cup? | ❑ | ❑ |
| 7. Walk well, stoop and climb stairs? | ❑ | ❑ |
| 8. Stack two or more blocks? | ❑ | ❑ |
| 9. Ride in a safety seat in the rear? | ❑ | ❑ |
| 10. Live in a gun-free home? | ❑ | ❑ |

***Are you <u>CONCERNED</u> about your child's…***

| | | |
|---|---|---|
| 11. Feedings? | ❑ | ❑ |
| 12. Is he/she still taking the breast or bottle? | ❑ | ❑ |
| 13. Bowel movements? | ❑ | ❑ |
| 14. Sleep habits? | ❑ | ❑ |
| 15. Excessive whining? | ❑ | ❑ |

| | | |
|---|---|---|
| 16. Is your child attending day care? | ❑ | ❑ |

**Parent Section**
❑ Mother ❑ Father ❑ Other _____

| | | |
|---|---|---|
| 17. Do you have smoke alarms in your house? | ❑ | ❑ |

**Environmental Screening**
***Does your child….***

| | Yes | No |
|---|---|---|
| 18. Live in or regularly vist a house built before 1950 (daycare, baby sitter or relative) | ❑ | ❑ |
| 19. Live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling (within the past 6 months)? | ❑ | ❑ |
| 20. Have a sibling or playmate who now has or did have lead poisoning? | ❑ | ❑ |
| 21. Does anyone smoke in the household? | ❑ | ❑ |
| 22. Do you have a swimming pool? | ❑ | ❑ |

| **History Update** | Yes | No |
|---|---|---|
| 23. Has there been a change in your child's medical history? _____ | ❑ | ❑ |
| 24. Has there been a change in your child's family medical history | ❑ | ❑ |
| 25. Change in household situation? _____ | ❑ | ❑ |

| **Parent Comments (Please Print)** | Yes | No |
|---|---|---|
| 26. Do you have any concerns you wish to discuss? | ❑ | ❑ |

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

| **Signature** | **Date** MM/DD/YY | **Time** 00:00 AM/PM |
|---|---|---|
| X | / / | : |